

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF IOWA**

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In re:	)	
	)	Chapter 11
	)	
MERCY HOSPITAL, IOWA CITY, IOWA, <i>et al.</i> ,	)	Case No. 23-00623 (TJC)
	)	
Debtors.	)	(Jointly Administered)
	)	

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**ORDER (I) ESTABLISHING ADMINISTRATIVE CLAIMS BAR DATE,  
(II) APPROVING FORM, MANNER, AND SUFFICIENCY OF NOTICE THEREOF,  
AND (III) APPROVING PROOF OF ADMINISTRATIVE CLAIM FORM**

Upon the motion (the “Motion”)<sup>1</sup> of the Debtors for entry of an order (this “Order”), (i) establishing a bar date for filing certain claims arising under Bankruptcy Code sections 503(b)(1) through (9) and 507(a)(2) (each, an “Administrative Claim”), (ii) approving the form, manner, and sufficiency of notice thereof, including approving the Administrative Claims Bar Date Notice attached hereto as **Exhibit 1** and (iii) approving the Proof of Administrative Claim Form attached hereto as **Exhibit 2**, all as more fully set forth in the Motion; and the Court having jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334 and the Public Administrative Order referring bankruptcy cases entered by the United States District Court for the Northern District of Iowa; and the matter being a core proceeding within the meaning of 28 U.S.C. § 157(b)(2); and venue of this proceeding and the Motion in this District being proper pursuant to 28 U.S.C. §§ 1408 and 1409; and the Court being able to issue a final order consistent with Article III of the United States Constitution; and due and sufficient notice of the Motion having been given under the particular circumstances; and it appearing that no other or further notice is necessary; and it appearing that the relief requested in the Motion is in the best interests of the Debtors, their estates,

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<sup>1</sup> Capitalized terms used but not otherwise defined herein shall have the meanings ascribed to them in the Motion.

their creditors, and other parties in interest; and after due deliberation thereon; and good and sufficient cause appearing therefor; it is hereby

**ORDERED, ADJUDGED, AND DECREED that:**

1. The Motion is granted as set forth herein.
2. All persons and entities that hold or wish to assert Administrative Claims against the Debtors that (a) may have arisen, accrued, or otherwise become due and payable at any time between the Petition Date (August 7, 2023) and February 1, 2024 (including those beginning and ending dates), or (b) solely with respect to claims arising under Bankruptcy Code section 503(b)(9) are for the value of any goods received by the Debtors within 20 days before the Petition Date that were sold to the Debtors in the ordinary course of the Debtors' business, are required to file with Epiq Corporate Restructuring, LLC ("Epiq") a completed and executed Proof of Administrative Claim Form, substantially in the form attached hereto as **Exhibit 2**, on or before **March 15, 2024 at 5:00 p.m. (prevailing Central Time)** (the "Administrative Claims Bar Date")
3. Creditors holding or wishing to assert the following types of Administrative Claims against the Debtors need not file Proof of Administrative Claim Forms:
  - a. Administrative Claims on account of which a request for payment of Administrative Claim already has been properly filed with Epiq, if such request clearly sets forth that such party is asserting an Administrative Claim and includes supporting documentation;
  - b. Administrative Claims previously allowed or paid pursuant to an order of the Court;
  - c. Administrative Claims asserted by professionals retained by the Debtors, the Committee, or the Pension Committee to the extent that such claims are for services performed and reimbursement of expenses incurred in the Chapter 11 Cases;
  - d. Administrative Claims asserted by the U.S. Trustee for statutory fees required to be paid by the Debtors;
  - e. Administrative Claims asserted by the Master Trustee as adequate protection pursuant to any cash collateral order; and

- f. Administrative Claims asserted by the Debtors' employees for wages or salaries earned between August 7, 2023 and February 1, 2024.

4. Nothing in this Order shall extend the bar date for any claim that was required to be filed on or prior to the Bar Dates established in the Bar Date Order.

5. Any person or entity filing Proof of Administrative Claim Forms against more than one Debtor must file a separate Proof of Administrative Claim Form for each Debtor on or before the Administrative Claims Bar Date. In addition, any entity filing a Proof of Administrative Claim Form must identify the particular Debtor against which the claim is asserted. Proof of Administrative Claim Forms listing no reference to a particular Debtor or listing multiple Debtors shall be deemed filed against Mercy Hospital Iowa City, Iowa, Case No. 23-00623 (TJC).

6. The Debtors shall serve the Administrative Claims Bar Date Notice, substantially in the form attached hereto as **Exhibit 1**, and the Proof of Administrative Claim Form, substantially in the form attached hereto as **Exhibit 2**, by first-class mail on or before three business days after entry of this Order on all persons and entities holding potential Administrative Claims against the Debtors that may be subject to the Administrative Claims Bar Date. The Debtors shall serve the Administrative Claims Bar Date Notice on all patients of the Debtors between the Petition Date and the date of this Motion by publishing the Administrative Claims Bar Date Notice in the *Cedar Rapids Gazette* once per week for three consecutive weeks after entry of this Order.

7. All Proofs of Administrative Claim mailed or delivered to Epiq will be deemed timely filed only if **actually received** by Epiq on or before the Administrative Claims Bar Date either by: (a) mailing the Proof of Administrative Claim Form by first-class mail to Mercy Hospital, Iowa City, Iowa, c/o Epiq Corporate Restructuring, LLC, P.O. Box 4420, Beaverton, OR 97076-4420, (b) delivering such original Proof of Administrative Claim Form by overnight mail, courier service, hand delivery, or in person to Mercy Hospital, Iowa City, Iowa c/o Epiq Corporate

Restructuring, LLC, 10300 SW Allen Blvd., Beaverton, OR 97005; or (c) completing the electronic Proof of Administrative Claim Form available online at <https://dm.epiq11.com/case/mercyhospital>. Proof of Administrative Claim Forms shall not be submitted by facsimile, telecopy, e-mail, or other electronic means (except for those submitted online via the Debtors' case website at <https://dm.epiq11.com/case/mercyhospital>), and forms submitted by such means shall not be deemed timely filed.

8. Any person or entity that is required to file a Proof of Administrative Claim Form in the form and manner specified in this Order and that fails to do so on or before the Administrative Claims Bar Date: (a) shall be forever barred, estopped, and enjoined from asserting such claim against the Debtors, their estates, or the property of any of them, or thereafter filing a Proof of Administrative Claim Form with respect thereto in the Chapter 11 Cases; and (b) shall not receive or be entitled to receive any payment or distribution of property from the Debtors or their successors or assigns with respect to such claim.

9. Notification of the relief granted in this Order as provided herein is fair, reasonable, and approved, and will provide good, sufficient, and proper notice to creditors of their obligations in connection with Administrative Claims they may have against any of the Debtors in the Chapter 11 Cases.

10. Nothing in this Order shall prejudice the Debtors' right to object to any claim, whether filed or scheduled, on any ground; to dispute or assert offsets against or defenses to any claim, whether filed or scheduled, as to amount, nature, classification, characterization, or otherwise; or to subsequently designate any claim as contingent, unliquidated, or disputed.

11. Nothing in this Order shall limit, abridge, or otherwise affect the Debtors' right to request that the Court fix a date by which the holder of a claim that is specifically excluded from the requirements to file such a claim by this Order must file such claim with the Court.

12. The Debtors are authorized to take all actions necessary to implement the relief granted in this Order.

13. The Court retains exclusive jurisdiction with respect to all matters arising from or related to the implementation, interpretation, or enforcement of this Order.

Dated and entered this 12th day of February, 2024.



Honorable Thad J. Collins, Chief Judge

**Prepared and Submitted By:**

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*In re Mercy Hospital, Iowa City, Iowa, et al.*  
*Case No. 23-00623 (TJC)*

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*Counsel for Debtors and*  
*Debtors-in-Possession*

**EXHIBIT 1 TO ORDER**

**Administrative Claims Bar Date Notice**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF IOWA**

In re:	)	
	)	Chapter 11
MERCY HOSPITAL, IOWA CITY, IOWA, <i>et al.</i> ,	)	
	)	Case No. 23-00623 (TJC)
Debtors.	)	
	)	(Jointly Administered)

**NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS**

On August 7, 2023 (the “Petition Date”) Mercy Hospital Iowa City, Iowa and certain of its affiliates and subsidiaries, the debtors and debtors-in-possession in the above-captioned chapter 11 cases (collectively, the “Debtors”), filed voluntary petitions for relief under chapter 11 of the United States Bankruptcy Code (the “Bankruptcy Code”) with the United States Bankruptcy Court for the Northern District of Iowa (the “Bankruptcy Court”).

On January \_\_, 2024, the Bankruptcy Court entered an order [Docket No. \_\_] (the “Administrative Claims Bar Date Order”) establishing **March 15, 2024 at 5:00 p.m. (prevailing Central Time)** (the “Administrative Claims Bar Date”) as the deadline to file claims arising under Bankruptcy Code section 503(b)(1) through (9) and 507(a)(2) (“Proofs of Administrative Claims”) that (a) may have arisen, accrued, or otherwise become due and payable at any time between the Petition Date and February 1, 2024 (including those beginning and ending dates) or (b) solely with respect to claims arising under Bankruptcy Code section 503(b)(9) is for the value of any goods received by the Debtors within 20 days before the Petition Date that were sold to the Debtors in the ordinary course of the Debtors’ business.

The Administrative Claims Bar Date and the procedures set forth below for the filing of Proofs of Administrative Claims against the Debtors apply to all administrative claims against the Debtors that (a) arose (or are deemed to have arisen) between the Petition Date and February 1, 2024 (including those beginning and ending dates) or (b) solely with respect to claims arising under Bankruptcy Code section 503(b)(9) are for the value of any goods received by the Debtors within 20 days before the Petition Date, that were sold to the Debtors in the ordinary course of the Debtors’ business, except for the types of claims listed in Section 2 below.

You may obtain a copy of the Administrative Claims Bar Date Order and other case pleadings, including the Schedules (as defined below), at the Debtors’ case website (<https://dm.epiq11.com/case/mercyhospital>) or the Bankruptcy Court’s website (<https://www.ianb.uscourts.gov/>) (for a fee). Copies of case pleadings also may be examined between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday, excluding federal holidays, at the Office of the Clerk of the Bankruptcy Court (the “Clerk”), 111 7th Ave. SE, Cedar Rapids, IA 52401. Finally, copies of case pleadings also may be obtained by written request to Epiq Corporate Restructuring, LLC (“Epiq”), the Debtors’ court-appointed claims and noticing agent, at [MercyInfo@epiqglobal.com](mailto:MercyInfo@epiqglobal.com).



## **1. WHO MUST FILE A PROOF OF ADMINISTRATIVE CLAIM FORM**

You must file a Proof of Administrative Claim (a “Proof of Administrative Claim Form”) to share in distributions from the Debtors’ bankruptcy estates if you hold an administrative claim arising under Bankruptcy Code sections 503(b)(1) through (9) and 507(a)(2) that (a) arose (or is deemed to have arisen) between the Petition Date and February 1, 2024 (including those beginning and ending dates) or (b) solely with respect to claims arising under Bankruptcy Code section 503(b)(9) are for the value of any goods received by the Debtors within 20 days before the Petition Date that were sold to the Debtors in the ordinary course of the Debtors’ business, and it is not one of the kinds of claims set forth in Section 2.

## **2. EXCLUDED CLAIMS**

You do not need to file a Proof of Administrative Claim Form if:

- (a) you hold an Administrative Claim on account of which a request for payment of Administrative Claim already has been properly filed with Epiq, if such request clearly sets forth that such party is asserting an Administrative Claim and includes supporting documentation;
- (b) you hold an Administrative Claim that was previously allowed or paid pursuant to an order of the Court;
- (c) you hold an Administrative Claim that was asserted by professionals retained by the Debtors, the Committee, or the Pension Committee, to the extent that such claims are for services performed and reimbursement of expenses incurred in the Chapter 11 Cases;
- (d) you hold an Administrative Claim that was asserted by the U.S. Trustee for statutory fees required to be paid by the Debtors;
- (e) you are a current employee of the Debtors asserting an Administrative Claim for wages or salaries earned between August 7, 2023 and February 1, 2024; or
- (f) you hold an Administrative Claim specifically exempted from the Administrative Claims Bar Date pursuant to a separate order of the Court in full force and effect.

**You should not file a Proof of Administrative Claim Form if you do not have a claim against the Debtors. The fact that you received this notice does not mean that you have a claim against the Debtors.**

**Additional copies of Proof of Administrative Claim Forms can be obtained at the Debtors’ case website, <https://dm.epiq11.com/case/mercyhospital> or by emailing your request to [MercyInfo@epiqglobal.com](mailto:MercyInfo@epiqglobal.com).**

## **3. WHAT FORMS AND DOCUMENTS TO FILE**

Any Proof of Administrative Claim Form previously and properly filed with either Epiq or the Clerk prior to the mailing of this Notice shall be deemed to be, and shall be treated as, a timely-filed claim subject to the rights of the Debtors or any party-in-interest to object to the allowance thereof. No additional Proof of Administrative Claim Form is required to be asserted with respect to such a previously-filed claim.

If you have not filed your proof of administrative claim yet, a Proof of Administrative Claim Form should be submitted on the Proof of Administrative Claim Form enclosed with this notice. Additional copies of the Proof of Administrative Claim Form and general information related to these cases can be obtained at: <https://dm.epiq11.com/case/mercyhospital> or by emailing your request to [MercyInfo@epiqglobal.com](mailto:MercyInfo@epiqglobal.com).

#### **4. WHERE TO SEND PROOF OF ADMINISTRATIVE CLAIM FORM**

Persons or entities filing Proof of Administrative Claim Forms must be sent to the following addresses:

If by regular mail:

Mercy Hospital, Iowa City, Iowa  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
P.O. Box 4420  
Beaverton, OR 97076-4420

If by overnight mail, courier service, or hand delivery:

Mercy Hospital, Iowa City, Iowa  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
10300 SW Allen Blvd.  
Beaverton, OR 97005

Alternatively, claimants may submit a Proof of Administrative Claim Form electronically by completing the Proof of Administrative Claim Form that can be accessed at Epiq's website, <https://dm.epiq11.com/case/mercyhospital>.

Proof of Administrative Claim Forms will be deemed timely and properly filed only if such forms are **actually received** by Epiq on or before the Administrative Claims Bar Date. Do **not** file your Proof of Administrative Claim Form with the Clerk.

**Proof of Administrative Claim Forms shall NOT be submitted by facsimile, telecopy, e-mail, or other electronic means (except for those submitted on Epiq's website), and Proof of Administrative Claim Forms submitted by such means shall not be deemed timely filed.**

Time-stamped copies of Proof of Administrative Claim Forms will not be returned unless you provide Epiq with a copy of your Proof of Administrative Claim Form and a self-addressed, postage pre-paid, envelope.

**5. CONSEQUENCES OF FAILURE TO TIMELY FILE PROOF OF ADMINISTRATIVE CLAIMS FORMS**

**ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A PROOF OF ADMINISTRATIVE CLAIM FORM IN THE FORM AND MANNER SPECIFIED IN THE ADMINISTRATIVE CLAIMS BAR DATE ORDER AND THAT FAILS TO DO SO ON OR BEFORE THE ADMINISTRATIVE CLAIMS BAR DATE: (I) SHALL BE FOREVER BARRED, ESTOPPED, AND ENJOINED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS, THEIR ESTATES, OR THE PROPERTY OF ANY OF THEM, OR THEREAFTER FILING A PROOF OF ADMINISTRATIVE CLAIM FORM WITH RESPECT THERETO IN THE CHAPTER 11 CASES; AND (II) SHALL NOT RECEIVE OR BE ENTITLED TO RECEIVE ANY PAYMENT OR DISTRIBUTION OF PROPERTY FROM THE DEBTORS OR THEIR SUCCESSORS OR ASSIGNS WITH RESPECT TO SUCH CLAIM.**

**A HOLDER OF A POSSIBLE ADMINISTRATIVE CLAIM AGAINST THE DEBTORS SHOULD CONSULT AN ATTORNEY REGARDING ANY MATTERS NOT COVERED BY THIS NOTICE AND ANY RELATED MATTERS, SUCH AS WHETHER THE HOLDER SHOULD FILE A PROOF OF ADMINISTRATIVE CLAIM FORM.**

This notice is only a summary of the Administrative Claims Bar Date Order. All creditors and other parties-in-interest are referred to the text of the Administrative Claims Bar Date Order itself and to the Bankruptcy Code, the Bankruptcy Rules, and the Local Rules for additional information regarding the filing and treatment of proofs of claim.

**If you have any questions relating to this Notice, contact Epiq at [MercyInfo@epiglobal.com](mailto:MercyInfo@epiglobal.com).**

*In re Mercy Hospital, Iowa City, Iowa, et al.*  
*Case No. 23-00623 (TJC)*

**NEITHER THE ATTORNEYS FOR THE DEBTORS NOR EPIQ ARE AUTHORIZED TO PROVIDE YOU WITH LEGAL ADVICE.**

DATED [● ]

**NYEMASTER GOODE, P.C.**

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*Debtors-in-Possession*

**EXHIBIT 2 TO ORDER**

**Proof of Administrative Claim Form**

## **INSTRUCTIONS FOR FILING PROOF OF ADMINISTRATIVE CLAIM**

*The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances there may be exceptions to the general rules.*

### ***Debtor:***

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor. In this case the lead debtor is:

Mercy Hospital, Iowa City, Iowa

(Case No. 23-00623)

The full list of debtors is found by visiting:

<https://dm.epiq11.com/mercyhospital>

### ***Administrative Claims Bar Date:***

By order of the United States Bankruptcy Court for the Northern District of Iowa, all requests for the allowance of an Administrative Claim (a) arising between August 7, 2023 and February 1, 2024 (including these beginning and ending dates), or (b) under section 503(b)(9) of the Bankruptcy Code must be filed so as to be received at the address set forth below no later than **March 15, 2024 at 5:00 p.m., prevailing Central Time.**

### ***Administrative Claim:***

A claim for payment of an administrative expense of a kind specified in section 503(b) of the Bankruptcy Code and entitled to priority pursuant to section 507(a)(2) of the Bankruptcy Code.

- 
1. Please read this Proof of Administrative Claim Form carefully and fill it out completely and accurately.
  2. Print legibly. Your claim may be disallowed if it cannot be read and understood.
  3. You must specify which of the Debtors you are asserting a claim against and its appropriate case number.
  4. Attach additional pages if more space is required to complete this Proof of Administrative Claim Form.
  5. This form should only be used by a claimant asserting an Administrative Claim. It should not be used for claims excluded by the Administrative Claims Bar Date Notice, and **should not** be used for any claims that **are not entitled to priority** in accordance with 11 U.S.C. §§ 503(b) and 507(a).
  6. Proofs of Administrative Claims must be submitted (i) electronically, using the interface available on Epiq's website at <https://dm.epiq11.com/mercyhospital>; (ii) by U.S. Mail, which Proof of Administrative Claim Form must include an original signature, at the following address:

Mercy Hospital, Iowa City, Iowa  
c/o Epiq Corporate Restructuring, LLC  
P.O. Box 4420  
Beaverton, OR 97076-4420

or (iii) by hand-delivery system, which Proof of Administrative Claim Form must include an original signature, at the following address:

Mercy Hospital, Iowa City, Iowa  
c/o Epiq Corporate Restructuring, LLC  
10300 SW Allen Blvd.  
Beaverton, OR 97005

7. **NOTE:** The staff of Epiq cannot give legal advice. Please also note that Epiq is **not** authorized to accept proofs of claim by facsimile, telecopy or electronic mail. To submit your claim electronically, please visit <https://dm.epiq11.com/mercyhospital>.
8. To receive an acknowledgment of the filing of your claim from Epiq, enclose a stamped, self-addressed envelope and copy of this Proof of Administrative Claim Form.
9. To be considered timely filed, this Proof of Administrative Claim Form must be actually received by Epiq by **March 15, 2024, at 5:00 P.M. prevailing Central Time** and must include appropriate documents/materials establishing the claimant's entitlement to an allowed Administrative Claim and the amount of claimant's asserted claim.

<b>United States Bankruptcy Court for the Northern District of Iowa</b> <b>Mercy Hospital, Iowa City, Iowa</b> <b>c/o Epiq Corporate Restructuring, LLC</b> <b>P.O. Box 4420</b> <b>Beaverton, OR 97076-4420</b>	<b>For Court Use Only</b>
<b>Name of Debtor:</b> <b>Case Number:</b>	<b>For Court Use Only</b>
	<b>For Court Use Only</b>

## ADMINISTRATIVE CLAIM

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This form is for making an administrative claim for payment in a bankruptcy case.

**NOTE:** This form should be used only by claimants asserting an administrative claim (a) arising between August 7, 2023 and February 1, 2024 (including these beginning and ending dates) or (b) under Bankruptcy Code section 503(b)(9). IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO AUGUST 7, 2023 OR AFTER FEBRUARY 1, 2024 (EXCEPT FOR CLAIMS ARISING UNDER BANKRUPTCY CODE SECTION 503(B)(9)), AND SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO TREATMENT IN ACCORDANCE WITH 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim arises under Bankruptcy Code section 503(b)(9), include documentation demonstrating that the Debtors received the applicable goods within 20 days before August 7, 2023. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

<b>Part 1: Identify the Claim</b>		
<b>1. Who is the current creditor?</b> Name of the current creditor (the person or entity to be paid for this claim): _____  Other names the creditor used with the debtor: _____		
<b>2. Has this claim been acquired from someone else?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes.    From whom? _____		
<b>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</b>		<b>4. Does this claim amend one already filed?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes.    Claim number on court claims register (if known) _____  Filed on _____ MM / DD / YYYY
<b>Where should notices to the creditor be sent?</b>  _____ Name  _____ Number      Street  _____ City                      State                      Zip Code  Country (if International): _____  Contact phone: _____ Contact email: _____	<b>Where should payments to the creditor be sent? (if different)</b>  _____ Name  _____ Number      Street  _____ City                      State                      Zip Code  Country (if International): _____  Contact phone: _____ Contact email: _____	<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes.    Who made the earlier filing? _____

**Part 2: Give Information About the Claim**

**6. Do you have any number you use to identify the debtor?**

- ☐ No  
☐ Yes.

Last 4 digits of the debtor's account or any number you use to identify the debtor:

\_\_\_\_

**7. How much is the ADMINISTRATIVE CLAIM:**

\$ \_\_\_\_\_

**Does this amount include interest or other charges?**

- ☐ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

**8. What is the basis of the claim?**

- ☐ Goods sold  
☐ Services performed ☐ (See attached)  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☐ Other (describe briefly)

**Part 3 Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

- ☐ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Administrative Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Administrative Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY Signature

**Print the name of the person who is completing and signing this claim:**

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City State Zip Code

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_